

RECEIVED

DEC 18 2008

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Isabel Dakotan</u>		2. DATE <u>9-25-2008</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>26 in st 30 out of st</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>Box 207 403 N Main Dewey County, S.D. 57633</u>		
6. FULL NAME OF PUBLISHER: <u>Barbara Begeman</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Barbara Begeman Owner</u>		COMPLETE MAILING ADDRESS <u>403 N Main Box 207, Isabel, SD 57633</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>None</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>800</u>	<u>900</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<u>40</u>	<u>47</u>
2. Mail Subscription (Paid and or requested)	<u>700</u>	<u>747</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>740</u>	<u>794</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>0</u>	<u>0</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>0</u>	<u>0</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>740</u>	<u>794</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>50</u>	<u>86</u>
2. Return from News Agents	<u>10</u>	<u>20</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>800</u>	<u>900</u>

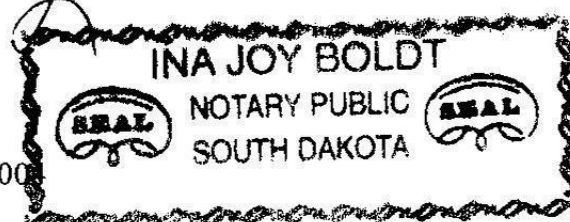
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Barbara Begeman
(Signature)

Isabel Dakotan, Editor
(Title)

State of South Dakota)
County of Dewey)

(Seal)



Form: SOS REC 051 7/2008

Sworn to before me this 25 day of Sept, 2008
Ina Joy Boldt
Notary Public

My commission expires: 1/30/09